

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032929

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 316

FILED SEP 4 1963

1. PLACE OF DEATH

a. COUNTY

Marion

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Hannibal

Length of stay in 1b

a. STATE

Missouri

b. COUNTY

Marion

c. CITY
OR
TOWN

Hannibal

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Levering Hospital

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS

1001 S. Arch

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

Ambrose

First

Grant

Middle

Last

4. DATE OF DEATH

Month

Day

Year

August 19

1963

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married

☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Dec. 24, 1906

9. AGE (last birthday)

56

10. IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Rubber plant

11. BIRTHPLACE (City and state or country)

Columbia, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Pete Grant

13b. MOTHER'S MAIDEN NAME

Ollie ?

14. NAME OF HUSBAND OR WIFE

Mr. Louverne Grant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

no

16. SOCIAL SECURITY NO.

7

17. INFORMANT

Mrs. Louverne Grant Hannibal, Missouri

Address

1001 S. Arch

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

4 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Esophageal - Aortic fistula

4 hrs

DUE TO (c)

Erosion by squamous cell carcinoma of pharynx

8 mos

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-21-60 to 8-19-63 and last saw her alive on 8-19-63
Death occurred at 6:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Typed or title)

Phyllis B. Freeman MD.

22b. ADDRESS

71 Grand Hannibal Mo

22c. DATE SIGNED

8-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Aug. 23, 1963

23c. NAME OF CEMETERY OR CREMATORY

Robinson Cemetery

23d. LOCATION (City, town, or county)

Hannibal Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Eduard E. Robinson Hannibal, Missouri Aug. 26, 1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Dr. E. M. Lucke by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0648

2 0648

3 2

4 2

5 1

6

7 0

8 1

9 150X

10

11

12 1-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward E. Robinson
Edward E. Robinson

Licensed Embalmer No. 4999

P. O. Address Hannibal, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit renewed 8/26/63